V. S. No. 1.

STATE OF MARYLAND PLACE OF DEATH state CERTIFICATE OF DEATH should is PHYSICIANS shou Registration Dist. No. L. I'll death accurred in .....Ward) RECORD a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. 1911 WIOOWED. OROIVORCEO (Write the word) (Month) (Day (Year) attended deceased from classified. Month' (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day, hrs. The CAUSE OF DEATH\* OR ..... min. ? properly 8 OCCUPATION (a) Trade, profession, or INK particular kind of work (b) General nature of Industry. business, or establishment in may which employed (or employer) certifica (State or country) 000 ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME ATH in piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. State . ds. Where was disease contracted. If not at place of death?-0 Former or OF usual residence mportant. Every it DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin/St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupatious a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State canse for childbirth or miscarriage as "Puerperal septichaenins," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



BINDING

RESERVED

MARGIN

1 PLACE OF DEATH

Coun Villag	ge or City Cambridge (No. 8)	CERTIFICATE OF DEATH  Registration Dist. No. //6  [If death occurred in a hospital or institution, give lits NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je G DA	TE OF BIRTH  Color OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  TO GET   7 Cm, 1869 (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That lattended deceased fro  (June 30 11, 1910)  that I last saw her alive on June 29 11, 1912
7 AG		and that death occurred on the date stated above, at Community of the CAUSE OF DEATH * was as follows:
(b bus whi	Control of work  General nature of industry siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Bughts Desire
RENTS	10 NAME OF FATHER ROAL Cornish  11 BIRTHPLACE OF FATHER (Stato or country)  12 MAIDEN NAME	(Signed) (Buration) yrs. mos.  (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suiculal or Homicidal.
PAF	OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  OF MOTHER  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death
14 T	(Informant) 2002 (Informant) 2002 (Informant)	Where was disease contracted,  If not all place of death?
15 File	(Address) Ary Cambrigo Ind.  ed July 1, 1915 Edward REGISTRAR  If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL  Cambridge Ind.  20 UNDERTAKER  Lurrer & ADDRESS  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-Example: Measles (disease causing death), 29 ds.; Broncough; Chronic volvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer", is less definite; avoid use of ges, peritonocum, etc., Carcinoma, Sorcoma, etc., of. by railway troin-occident; Revolver wound of Examples: Accidental drowning; "Dropsy," "Exhaustion," Never report mere "Atrophy," "Col-("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED JUL7 1915 BUREAU, V.S.

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	PLACE OF DEATH	STATE OF MARYLAND
Count	y Lorcheles	CERTIFICATE OF DEATH
		Registration Dist. No. 110
Villag	e or City Wille 1800.	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number
i	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		
Vi	Vale White MARRIED, Dugle WIDOWEO (Write the word)	16 OATE OF DEATH  (Month) (Day) (Yes
6 DAT	TE OF BIRTH Lune 18 1915	HEREBY CERTIEN, That I attended deceased fr
1	(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE		land that death occurred on the date Stated above, at
	yrs, mes, ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	- Curknown
(a)	Traile, profession, or	
(b)	General nature of Industry	
busi	iness, or establishment in the contract of the	(Duration) yrs. mos.
-		
a Bit	RTHPLACE (State or country)	Contributory Secondary
9 811	(State or country)	Contributory Secondary  (Buraylon) yrs mos.
9 811	10 NAME OF Orland Bradley	Contributory Secondary  (Burglion) yrs. mos.
S	10 NAME OF Orland Bradley  11 BIRTHPLACE	Secondary (Burglion) yrs. mos.
NTS	(State or country)	(Signed) & Accord & Once S  (State the Disperse Causing Death, or, in deaths from Violence
RENTS	10 NAME OF Orland Bradly  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	Secondary  (Signed) Q deverted & vices  (Signed) Q deverted & vices  (State the Dispasse Causing Death, or, in deaths from Violented Causins, state (1) Means of Injury; and (2) whether Accidental
ENTS	10 NAME OF Orland Bradley  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSIE Stock	Secondary  (Signed) Q deverted & vies  (Signed) Q deverted
PARENTS	10 NAME OF Orland Bradly  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSIE STOCK  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	Secondary  (Signed) Accord Accord According to the Dispersion of Causta, State (he Dispersion Causta, or, in deaths from Violent Suzcidal or Hosticidal.  (Blength of Residence (for Hospitals, Institutions, Transference of death yrs. mes. ds. State, yrs. mes.
PARENTS	10 NAME OF Orland Bradly  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSE STOCK  13 BIRTHPLACE OF MOTHER MAINTENAME  OF MOTHER MAINTENAME  14 BIRTHPLACE OF MOTHER MAINTENAME  15 BIRTHPLACE OF MOTHER MAINTENAME  16 BIRTHPLACE OF MOTHER MAINTENAME  17 BIRTHPLACE OF MOTHER MAINTENAME  18 BIRTHPLACE OF MOTHER MAINTENAME  19 BIRTHPLACE OF MOTHER MAINTENAME  10 NAME OF ORDINATION OF MAINTENAME  11 BIRTHPLACE OF MOTHER MAINTENAME  12 MAINTENAME  13 BIRTHPLACE OF MOTHER MAINTENAME  14 BIRTHPLACE OF MOTHER MAINTENAME  15 BIRTHPLACE OF MOTHER MAINTENAME  16 BIRTHPLACE OF MOTHER MAINTENAME  17 BIRTHPLACE OF MOTHER MAINTENAME  18 BIRTHPLACE OF MOTHER MAINTENAME  19 BIRTHPLACE OF MOTHER MAINTENAME  10 BIRTHPLACE OF MOTHER MAIN	Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the Dispass Causing Death, or, in deaths from Violence Sureidal or Hosticipal.  (Succidal or Hosticipal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place  In the
S L S H S C C C C C C C C C C C C C C C C C	10 NAME OF Orland Bradly  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSIE STOCK  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	Secondary  (Signed) O Accord Courses Ocal N. Nowlet  "State the Dispass Cauring Death, or, in deaths from Violent Catars, state (1) Mains of Injury; and (2) whether Accidental Sureman or Hosnesal.  18 Length of Residence (for Hospitals, Institutions, Transie or Recent Residents) At place of death yrs. mes. ds. State, yrs. mes.  Where was disease contracted,
S L S H S C C C C C C C C C C C C C C C C C	10 NAME OF OPLOWED Bradly  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSIE STOCK  13 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY. KNOWLEDGE	(Signed)  (Signe
S L S H S C C C C C C C C C C C C C C C C C	10 NAME OF OPLOAD Bradley  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER BESSE STOCK  13 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  (Address)  (Address)  Polythan	Secondary  (Signed) Accord Courses  (Catasis, State (1) Means of Injury; and (2) whether According to Succidental, Succidental, Institutions, Transie  or Recent Residents  (Signed) Accord Courses  (Signed) Accord Courses  (Catasis, State, Indicated Courses  (Signed) Accord Courses  (Catasis) Accord Courses  (Signed) Acc

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septicluemia," eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion, wound of

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RECEIVED
JUL6 1915
BUREAU, V.S.

ated EXACTLY. PHYSICIANS should state Exect statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS pinous AGE carefully supplied. WRITE PLAINLY, WITH CAUSE OF DEATH

N. B.-Every

V. S. No. 1.

RECORD

# be properly classified. Important.

1 PLACE OF DEATH

(No ...



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	²FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE   6 SINGLE, WIDOWED, ORDIVORCED (WITCH word)	(Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h alive on June 27, 191
80	yrs. mos ds. or mln.?	and that death occurred on the date stated above, at 12 10 0. m  The CAUSE OF DEATH* was as follows:  Prince Cause of the date stated above, at 12 10 0. m  The CAUSE OF DEATH* was as follows:
pa (b) bu: wh	Articular kind of work	(Duration) yrs. mos. ds.
_	10 NAME OF Maller & Carling	Secondary (Durafion) yrs mos ds (Signed) , M, D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOOIN.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease confracted,
	(Informant) Peli L. Mey Lin	If not at place of death?  Former or usual residence.
15 FI	(Address) Causaga Mai	Dareh Dyr, Med Parte of Burial Parte of Burial Pudgy 1, 1910
	PEGISTRAR	to to me the whole Courte de les he

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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RECEIVED JUL 7 1915 BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Day Chestere Co	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Canber ofge No. 43	
Village of City	St.; Ward)  a hospital or in give its MAME
2 FULL NAME Clarence C	hesten of street and s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH SAME
Le ment C. Lacut Wildowed Marie	(Month) (Day)
DATE OF BIRTH	HEREBY CERTIFY, That I attended decease
1863	1911, to
(Month) (Day) (Year)	that I last saw Haralive on May
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
ds. OR min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION	Monculous Houghts accept
(a) Trade, profession, or particular kind of work howsel work	
(b) General nature of Industry business, or establishment in	Can Hor
which employed (or employer)	(Ouration) yrs. mos
9 BIRTHPLACE (State or country)	Contributory
- Polarino	
10 NAME OF	(Ouration) — yrs. — mos.
FATHER Mathew Busher	(Signed), Tuestett
10 FATHER Mathey Orusher	(Signed) Turn State  (Address) Courting my
S II BIRTHPLACE OF FATHER (State or country)  FATHER  MACHINE OF FATHER (State or country)	(Signed) Turnella Company Mg  (Signed) Company Mg
10 FATHER Mathey Orusher	(Signed)  (Signed)  (Address)  State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFE CAUSES (1) MEANS OF INJURY; and (2) WHETHER (1) MEANS OF INJURY; and (3) WHETHER (1) MEANS OF INJURY; and (4) WHETHER (1) W
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DAVAH VALLATING	(Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Vi-CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal or Homicidal.  8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADER OF RECENT RESIDENTS)
TATHER Mathey Bushes  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.  SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADE OF RECENT RESIDENTS)  Al place in the of death yrs. mos. des. State, yrs. mos.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER	(Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide Suicidal or Homicidal.  (Selength of Residence (For Hospitals, Institutions, Trader Recent Residents)  Al place In the
TATHER Mathey Bushes  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VICAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.  B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROOR RECENT RESIDENTS)  Al place In the of death yrs. mos. ds. State, yrs. mos. where was disease contracted,
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 Chester  15 Chester  16 Chester  17 Chester  18 Chester  19 Chester  19 Chester  19 Chester  10 Chester  10 Chester  11 Chester  12 Chester  13 Chester  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  State the DISEASE CAUSING DEATH, Or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.  SELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROOR RECENT RESIDENTS)  Al place In the of death
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)  (Address)	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.  BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADE OF BELLOW OF THE SUICIDAL OF HOSPITALS, INSTITUTIONS, TRADE OF DEATH OF RESIDENTS) Al place in the of death yrs
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.  BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRADE OF BELLOW OF THE SUICIDAL OF HOSPITALS, INSTITUTIONS, TRADE OF DEATH OF RESIDENTS) Al place in the of death yrs

[Approved by U. S. Census and American Public Health Association.]

write None state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, engineer, Stationary firemun, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive first line will be sufficient, c. g., Parmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, Never return If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association.) and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness," "Heart failure," "H: emorrhage," "Inanition," "Marasgenital," "Senile," rte.), "Annemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomatic), "Atrophy," "Colchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuelar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Careinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," "Atrophy," "Col-ACCIDENTAL, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

1 PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
~ _	Registered No. 1/6
*FULL NAME Robert - 18 61	St; Ward)  [It deeth occurred in a hospital or institution, give its WAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIEO, MARRIEO, MONICE STATE OF BIRTH  2 LUGET of Late of Birth  1 2 LUGET of Late of	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from May 7  1915 to June 12  1915
(Month) (Day) (Year)  AGE   If LESS than	that I fast saw h
63 yrs. 7 mos. / 7 ds. 0R min.?	and that death occurred on the date stated above, st. 230 g m, The CAUSE OF BEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Phlegmonous orysipelos
Dusiness, or establishment in which employed (or employer)	(Duration) yrs. mos. 22 ds.
(State or country) Carolina Commite	(Secondary)
11 BIRTHPLACE	(Signed) + F. M. D.  (Address) & M. D.  (Address) & M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Multiplication of the country of the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) Cate A C C C C C C C C C C C C C C C C C C	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) hukwol	East new Morket, Med June 14, 1913
Filed Julies 14, 1915 EEWOLF REGISTRAR	20 UNDERTAKER ADDRESS EM, Marlat
If more blanks are needed, address State Registrar	. 6 E. Franklin St. Relto Perpetting V. S. No. 1

[Approved by U. 8. Census and American Public Health Association.]

ness of various pursults can be known. The question minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return . "Laborer," "Forcman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage, as "Purperral scottchaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases : resulting from (name origin; "Can State cause for Examples: For vio-



County Dorchister S43	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City & M. market (No. , 2 FULL NAME Hattie L. Conce	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
TAGE  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Year)  (Year)  (Year)  (As in the word)  (Month)  (Month)  (Month)  (Month)  (Day)  (Year)  (Year)  (Year)  (As in the word)	that I last saw he alive on
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Burallon) yrs. mos. / delication with the contributory of the
10 NAME OF FATHER Truit Concevary  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
13 BIRTHPLACE CF MOTHER (State or country)  7  7  7  7  7  7  13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mes. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant) Nova Conway  (Address) & - N. marlat, mg:	Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  S.M. Marlet Ind. June (J., 191.)
Filed, 191	20 UNDERTAKER H. H. Willoughly & M. Market

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal nane, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths mus," "Old Age," "Shoek," "Uracınia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver "Senile," etc.), "Dropsy," "Exhaustion," State cause for which nound of



County Drochwais 9438	STATE OF MARYLAND CERTIFICATE OF DEATH		
	Registration Dist. No. ///		
Village or City Creeking (No. , )	St.; Ward)  [If death eccurred a hospital or Institution give its NAME Instate of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jemal While Single, MARRIED, Markied WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yes		
Mar 78 , 1886 (Month) (Day) (Year)	that I last saw har alive on June 72, 191		
7 AGE 2 yrs. 2 mos. 2 5 ds.   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Buration) Z yrs. mos.  Contributory Secondary		
10 NAME OF FATHER WILL Pary are	(Signed) F. Mester B. M. market me		
I'BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER TO DE	*State the Disease Causing Dratti, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country)  7	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At pleca in the of deathyrsmesds. State,yrsmes		
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?  Farmer or  usual rasidence		
(Address) Seculory	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fun 23, 191		
	20 UNDERTAKER ADDRESS		

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PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from without more (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The pature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (pame origin; "Cancer" is less definite; avoid use of to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puenperal septichaemia," Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere "Atrophy," "Col-"Exhaustion," ("Con-



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	-Every item of information should be carefully supplied. AGE should be stated E	should state CAUSE OF DEATH in plain terms, so that it may be properly class	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... If death occorred in Village or City St: Ward) a hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIEO, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WICOWEO OR DIVORCED (Month) (Dav) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR min. ? 8 OCCUPATION
(a) Trade, profession, or Infant. particular kind of work DAB. (b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) Maryland: 10 NAME OF Dennis. FATHER 11 BIRTHPLACE ENT OF FATHER (State of country) Maryland. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME Œ SUICIDAL OF HOMICIDAL. OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER aryland of death (State or country Where-was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER AOORESS If more blanks are needed addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, The material worked on may form part statement. Never return "Laborer," Locomolive engineer, But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, birth-or-misearriage as "Puerperal septichumia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marascough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-State cause for which "Atrophy," "Col-Never report mere "Exhaustion," ("Con-



1 PLAGE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH Registration Dist. No. 110 Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOROR RACE 16 DATE OF DEATH MARRIED, WIDOWED, 17 ORDIVORCEO (Write the word) (Month) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h. Lamalive on. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH\* OR ..... min. ? BOCCUPATION U(a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_ 14 THE ABOVE ISTRUE Where was disease contracted. MYKNOWLEDGE If not at place of death? .. Former or usual residence. 15 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first-line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

genitai," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal scptichaccause. ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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6	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
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N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS		

County Donehester 9441	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 112.
_ (	St.; Ward)  Birth. ) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That   attended deceased from
6 DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day) (Year)	that I last saw have alive on Sure 2/ 1915
7 AGE    If LESS than 1 day, 4/2 hrs. OR min.?	and that death occurred on the date stated above, at 7.30.9m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or None: particular kind of work	Premature Buth
(b) General nature of Industry business, or establishment in None. which employed (or employer)	(Duration) O yrs, O mos, O ds,
9 BIRTHPLACE (State or country Dorelester Co. Ind.	Contributory Secondary  (Duralion) Q yrs. Q mos. Q ds.
10 NAME OF Harry L. Elbert.	(Signed) & 1018 (Signed), M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Lilly May Thomas	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Done flaster Co. )	OR RECENT RESIDENTS)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Mother (Informant) Selly May Thomas	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Vilencia Ind.	Buried with detritus JIN 2 1015
MF11e2 1 1915, 191 Edward & Lamken	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook; write None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Duy laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry; (a) Foreman, is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return etc., without more If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uratmia," "Weakness, "Anaemia" (merely symptomatic), lapse,", "Coma," "Convulsions," cause. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Dropsy," carbolic acid-probably "Debility" ("Con-"Atrophy," "Exhaustion, important.



V. S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD CAUSE OF Important.

	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
	EXACTLY.	ct statement	
	ild be stated	ssified. Exa	
•	. AGE shou	properly cli	
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	of Information	DEATH in plain	See instructions on back of certificate.

1 PLACE OF DEATH County Dorchestes

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Lorafa (No. 1)	St.;—Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieo, Marieo, Marieo, Marieo, Marieo, Wiloweb, Ordivorceb (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY. That I sttended deceased from
DATE OF BIRTH  Merch 3, 1846  (Month) (Day (Year)	Jan 2 1915 to 2 2 1915
7 AGE If LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated above, at 1/300 m. The CAUSE OF DEATH * was as follows:
SOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Boas Il Yaeue levelding	(Duration) yrs mos / ds.
9 BIRTHPLACE (State or country) & Board of h	Contributory Colonis Interstilied beflutely
10 NAME OF FATHER Jeake & Tityfugh  11 BIRTHPLACE OF FATHER (State or country) Dorchester bo hid  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Western Boom	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Crafo, md  15 Filed June 231915 W & REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LUCK 244, 1914  20 UNDERTAKER  ADDRESS  Craft

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton milt; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of dcath approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of or HOMICIDAL, or as probably "Dropsy," "Exhaustion," Never report



V. S. No. 1.

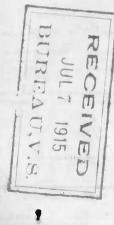
PLACE OF DEATH County States County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Village or City Cambridge (No. 18)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH  MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17. I HEREBY CERTIFY, That Lattended deceased from 2 2 191 J., to 191
7 AGE (Month) (Day) (Year)  7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw has alive on grand, 191 of and that death occurred on the date stated above, at 121 of the CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Pleumales Secondary
10 NAME OF FATHER Saccessed Jones  11 BIRTHPLACE OF FATHER (State or country) Jones State of Mother OF MOTHER Saccessed Steerant	(Signed)  (Signed)  (Signed)  (Signed)  (Address)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  (Suicidal or Homicidal.  (Suicidal or Homicidal.  (For Hospitals, Institutions, Transient or Recent Residents)  (At place in the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)	of death yrs. mos. ds. State, yrs. mos. d Where was disease contracted, if not at place of death?  Formar or result residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Ann. 7. 191
Filed IIII 7. , 191 S. REGISTRAR  REGISTRAR  If more blanks are needed, address State Registrar,	20 UNDERTAKER  Leonista Staffer Cambridge Med.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servont, Cook, employed, as At sehool or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Hausework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question applies to each and every person, irrespective of age. mabile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," suicide. state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage etc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valuator heart discose; Chronic interstitial "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercur-"Convulsions," etc.), as "PUERPERAL septichaemia," "Dropsy," "Exhaustion, "Debility" ("Con-Never report mere



County Forahester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Cambridge (No. 10, 10)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Sefat. 26, 1895  (Month) (Day) (Year)	that I last saw h alive on ,191, 191
7 AGE    If LESS than 1 day, hrs.   OR min.?	and that death occurred on the date stated above, at 11.30 Am The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Dorwing- accidental.
b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or eountry)	Contributory Secondary
business, or establishment in which employed (or employer)  BIRTHPLACE (State or eountry)  10 NAME OF FATHER  O	Contributory
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or eountry)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER	(Signed) Fields Jones Carving, M. ( June 21, 1913 (Address) Cambridge Mrs.)

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, But in many cases, etc., without more

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of head-homicide; Poisoned to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of..... The contributory (secondary or intercurby corbolic acid-probably "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion,"



STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ......Ward) a hospital or institution. give its NAME instead EXACTLY. of street and number. RECORD <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS stated MARRIED PERMANENT 1910 WIDOWED (Day) (Year) OR DIVORCED (Month) properly 17 CERTIFY, That I attended deceased from 6 DATE OF BIRTH 915 should 10 pe (Month) (Day) (Year) alive on 7 AGE If LESS than of may occurred on the date stated above, at S 1 day, hrs. O THIS OR min. ? OCCUPATION
(a) Trade, profession, or UO tha particular kind of work. Suppli 0 (b) General nature of industry terms. instructi business, or establishment in (Ouralion which employed (or employer) 9 BIRTHPLACE Contributor plain See in (State or country 10 NAME OF FATHER C onid mportant. ATH S 11 BIRTHPLACE RENT OF FATHER SPANE CAUSING DEATH, or, in deaths from Violent Manns of Injury; and (2) whether Accidental, (State or country PLAINLY, ш of information CAUSE OF D 12 MAIDEN NAME A OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country WRITE Stata, ..... yrs. ..... mos. .... ds. should state CAl Where was diseese contracted. 14 THE ABOVE IS if not at place of death?...... Former or usual residenca (Address REG/STRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, write None. Housemaid, etc. If the oecupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, nenin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Aecidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, ehopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia, The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUREAU, V.S.

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County County lee	CERTIFICATE OF DEATH
n 1/2 nd	Registration Dist. No.
Village or City Bucktown (No.	St.; Ward) [It death occurred in
	give its NAME instead
<sup>2</sup> FULL NAME JANUS Harsh	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH June 23 1915
mule Calotus (Write the word Single	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
don't hunes 1898	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on alive on $900$ , and that death occurred on the date stated above, at $900$ , m.
/ 6 1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. OR min.?	A Section of Beauty was as tonows.
8 OCCUPATION (a) Trade, profession, or particular kind of work	Julianay Vubralous
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Calauston Secondary
- War-oun-	(Duration) yrs mos ds.
10 NAME OF FATHER ON CHELLO OF HALLS	(Signed) Etwalf Z-R, M. O.
U) 11 BIRTHPLACE	June 24, 1915 (Address) Cambre Lyn hid.
Z OF FATHER (State or country) Suchtown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
11 BIRTHPLACE OF FATHER (State or country) Buchtoning 12 MAIDEN NAME OF MOTHER DANAS Auth	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	of deethyrsmosds. State,yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not el place of deelh?
(Informant) NOUNCE Thomas	Former or usual residence
(Address) allers In M. R. L. No	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Bicktown nel June 29 1015
Filed fame 24, 1912 & Swelf	20 UNDERTAKER ADDRESS
REGISTRAR	Temp Hugger Kanbridg
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part Housemaid, etc. If the occupation has been changed precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, But in many cases, etc., If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railwoy train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths. "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. State cause for which hirth or miscarriage as "Puerperal septichucmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere (Recommendations "Exhaustion," wound. of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.B.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ity Directustus (1)	CERTIFICATE OF DEATH Registration Dist. No. //6
Villag	ge or City Cambridge (No. C. Shore	Mate Mospitalse.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOBOR RACE SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)  TE OF BIRTH  A not know	(Month) (Day) (Year 17   HEREBY CERTIFY, That I attended deceased from 1915, to June 1915
7 AG	(Month) (Day) , 1	and that death occurred on the date stated above, at
par (b) bus whi	OCUPATION  Trade, profession, or flouiar kind of work  General nature of industry siness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  Manyland	Contributor chrane Is to shleat hephritis
ARENTS	10 NAME OF FATHER LEWIS PRINCEY  11 BIRTHPLACE OF FATHER (State or country) Many Land  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) No Cond  Jame 9, 191 S (Address) Concerning. R.S.,  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Mary Land HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Are M. Andrews	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OR RECENT RESIDENTS) At place of death yrs. mos. 2/ ds. Stats, 7/2 yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OPERATOR  ON STATE  ON STATE

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in etc., If retired from without more

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on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by eorbolic acid-probably state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of..... Struck to determine definitely. Examples: Aecidental drowning; "PUERPERAL perilonitis," etc. birth or misearriage "Heart failure," "Hemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-occident; Revolver wound of Always qualify all diseases resulting from childas "Puerperal septichaemia," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,

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BURTALLY.S.

	Z	dns
	WRITE PLAINLY, WITH UNFADING IN	N. B.—Every item of information should be carefully supp
)	WITH	hould be
	PLAINLY,	mation sl
	WRITE	of infor
		ery item
V. S. No. 1.		. BEv
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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Torchester	CERTIFICATE OF DEATH Registration Dist. No. //6
Village or City PFH Continue (No. , )	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JME 18 , 191 (Month) (Day) (Yes
DATE OF BIRTH  Month) (Day) (Year)	that I last saw har alive on Mules 191
JAGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
particular kind of work	
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Ouration) yre. mest
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Aarcl Jackson  11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Signed)  (Signed)  (Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental
Usiness, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Aarcal Jackson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Signed)  (Signed)  (Signed)  *State the DISSEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
Dusiness, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Have Jackson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.  *Blength of Residence (for Hospitals, Institutions, Transie or Recent Residents) At place In the green mos
Dusiness, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Lackson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In ths of deeth yrs. moe. ds. State, yrs. mos.  Where was disease contracted, If not at place of death?  Former or

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer." of the second statement. mobile factory. mill; (a) Solesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locumotive For persons who have no occupation whatever, The material worked on may form part Never return etc., without more engineer, Ciril If retired from "Laborer," (b) Auto-

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BUREAU, V.S.

7. S. No. 1.

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la St.:....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, DATE OF DEATH MARRIEO, WICOWED, ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from that I last saw he alive on ..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) ..... which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ....., 191,5...

If more blanks are needed, address State Registrar, 6 E. Franklin St., Boto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The Land been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauaffection need not be stated unless important. Example: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LEAT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia The Always qualify all diseases resulting from coutrillatory (secondary or intercurrent) (Recommendations on statement of (secondary), 10 ds. State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very See instructions on back of certificate. CAUSE OF Important.

RECORD PERMANENT

9450 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

St.; Ward)

[It death occurred in a hospital or institution. give its NAME instead of street and number. I

FULL NAME	1 ourser
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED. WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Man 28 , 1880  (Month) (Day (Year)	that I last saw h
7 AGE  35 yrs 0 mos 4 ds. 0R min.?	and that death occurred on the date stated above, at 7.15 P.m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Overferal Hemonling
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. Q mos. Q ds.
State or country) Onclusion	Secondary (Borellan)
11 BIRTHPLACE	(Signed) Ames-w- (Address) X selma Creek, and
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walker	Where was disease contracted, if not at place of death?
(Address) Salden Hel Mr. d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WILLIAM 13, 1915
Filed June 13, 1915 James w. Mende	20 UNDERTAKER Henry Lambolin Juffers & 212, m

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL6 1915
BUREAU.V.S.

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RECORD

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ward) John son PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE DATE OF DEATH MARRIED. WIDOWED. ORDIVERCED (Write the word) (Month) HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State \_\_\_\_\_ yrs. \_ yrs. .... Where was disease contracted. OWLEDGE if not at place of death? OF BURIAL OR REMOVAL (Address) 15

lif death occurred in

(Year)

a hospital or Institution. give its NAME instead of street and number.]

(Dav

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



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1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Lobarer mill; (a) Salesman, (b) Gracery; (a) Foreman, tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the -Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lohar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull heod-homicide; Poisaned by on Nomenclature of the American Medical Association.) Struck by railway train-occident; Revolver wound af to determine definitely. Examples: Accidental drawning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uracmia," "Weakness," MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage The contributory (secondary or intercuras "Puenperal septichaemia, 10 ds. "Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion,"

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BUREAU.V.S.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Nervant, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill, (a) Salesman, (b) Groecry; (a), Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer." etc., without more especially in industrial employments, it is necessary to mobile factory. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women, at home, who are engaged in Never return If retired from "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory" (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cough; Chronic whethar heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) suicide. Struck by roilway train-accident; Revolver wound of birth or miscarriage cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracınia," "Weakness "Heart failure," "Heamorrhage." "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping chapheumonia (secondary), 10 ds. Never report mere (name origin; "Caneer" is less defraite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuretc.), 27 "PUERPERAL septichaemia," "Dropsy," "Exhaustion,"

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BUREAUNS.

If death occurred in

a hospital or institution. give its NAME instead of street and number. ]

(Day)

DATE OF BURIAL

ADDRESS

., 191.55

[Approved by U. S. Crissis and American Public Health
Association.]

Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseor given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Solesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Former or Plonter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubssis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy,
"Convulsions," "Debility" rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuretc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic whethar heart disease; Chronic interstitial ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of . . . . . "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which Never report mere "Atrophy," "Exhaustion," ("Con-

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RECEIVED
JULT 1915
BUREAU, V.S.

S. No. 1.

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12		PLACE OF DEATH			
P a	Co	unty Dorchester,			
	Vil	lage or City Toddville (No. 10			
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ut.		PERSONAL AND STATISTICAL PARTICULARS			
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assified	7 AC				
shourly cl		49 yrs mos 19 ds OR min.			
(b) General nature of industry,					
fully sur		Ch employed (or employer)  IRTHPLACE (State or country)  Durchester Co.			
9 0		10 NAME OF Just J. Parks.			
terms, n back	Z	OF FATHER (State or country) Worchester Co.			
piain piain	PAR	of Mother martha J. Powler			
ITH In		OF MOTHER (State or country) Worchester Of			
97	•	(Informant) (Address) Eddalville and			
CAU!	16	(AUDICAS) TERMINATION TO BE THE			
	of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION See instructions on back of certificate.	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.			

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred to a hospital or institution, give Its NAME Instead of street and number.]

NAME Larah C. y	ones,
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or race 5 single, married, widower, or by or core (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
april 15 , 1866 (Month) (Day (Year)	that I last saw h alive on 2 ,1913 -
7yrsmos	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Volvular Hellows
Howevife.	
yer)	(Duration) yrs. mos. ds.
Durchester Co.	Secondary (Duration) yrs mos ds.
Jesse J. Parks.	(Signed) July 100 M. D.
untry) Dorchester Co.,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally and (2) whether Accidentally and (2) whether Accidentally and (2) whether Accidentally and (3) whether Accidentally and (4) whether Accidentally and (5) whether Accidentally and (6)
martha J. Powley.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
untry) Dorchester Co.	At place In the of death yrs mos ds. State yrs mos ds
THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death?  Former or usual residence
Toddfille md.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
, 191.5 WHH Hitchell	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For VIO-



	REC	PHY of o	
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY; PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Important. See instructions on back of certificate.	
<b>D</b>		Z	

1	Village or City Dullock (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // O  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	2FULL NAME Manville	Lord
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	Male White Single, Married, Wilder Wilder Wilder Woods	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	6 DATE OF BIRTH  Out  (Month)  (Day  (Year)	that I last saw h was alive on afg , 191 S.
	TAGE  2 0  yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
	particular kind of work	Contributory July Secondary
	10 NAME OF FATHER LOVE TOTAL  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	(Informant) To seph ord	If not at place of death?  Former or usual residence
	Flied June 11 " 1915 Robert & Hastering	Last new Murket June // 1910
118	In more branks are needed, address State Regist	rar, 6 E. Franklin St., Balta, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the bisease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS-OF-INJURY and qualify as childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sareoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all discases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Dorchette 3401	CERTIFICATE OF DEATH
	Registration Dist. No. 116
Village or City Airrys (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Colored Single, MARRIED, WIOOWED OR DIVORCED (Write the word)	16 OATE OF OEATH  (Month)  (Day)  (Year)  17 t HEREBY CERTIFY, That I attended deceased from
TAGE  Still - Vorin mos. ds. OR min.?	and the document of the time and bearing and the first
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Acad.	(Burstion) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER Strong faction  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) E- E. Wolf- 2. A., M. O.  Jun 17, 191 J. (Address) Carulriogs, Ind  *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
of MOTHER Sextructe the Cortin  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) James he Carter	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths sf deathyrsmesds. State,yrsmesds. Where was disease contracted, If not at placs of death? Former or
(Address) Currys, Ind.  18 Filed June 27, 1913 - E- E- Wall	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS  August Mad
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
It more branes are needed, address bears registrat	and the manager mail manager and another manager and a part of a p

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile foctory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever Locomotive engineer, without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant meoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," by railway train-occident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere



1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of PHYSICIAN Registration Dist. No. If death occurred in .....Ward) a hospital or Institution. give its NAME Instead EXACTLY of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH classifi 16 DATE OF DEATH SINGLE, 3 SEX MARRIED. PERMANENT WIDOWED OR DIVORCED 6 DATE OF BIRTH Year) (Month) (Day) 7 AGE If LESS than of 1 day, hrs. 3 min. ? THIS OCCUPATION
(a) Trade, profession, or 50 tha supplied particular kind of work. (b) General nature of Industry business, or establishment in term which employed (or employer) 9 BIRTHPLACE Contributory (State or country) a 00 20 10 NAME OF pe FATHER PARENTS BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS EW 13 BIRTHPLACE In the At place S OF MOTHER (State or country of death ......yrs. .....mos. .....ds. Slale, ...... yrs. .....mos. ..... ds. 2 5 Where was disaase contracted. state CA If not al place of death? Former or usual residence Every it DATE OF BURIAL 15 ADDRESS Flied m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. engaged in domestic service for wages, as Servant employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (rclired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which cause. mus," "Old Age," "Shock," "Tracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Anaemia" chopneumonia (secondary), 10 ds. Example: Mcasles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important nephritis, etc. cough; Chronic udendar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puenperal septichaemia," "Dropsy," "Exhaustion," Never report mere



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. Ward) EXACTLY. P <sup>2</sup> FULL NAME RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE class stated MARRIE WIDOWE. OR DIVORCED Month) properly I HEREBY CERTIFY, That I attended deceased from OF BIRTH should ce alive on (Day) (Year) Month) TAGE If LESS than may and that death occurred on the date stated above, at. GE 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR min.? ds. 8 OCCUPATION
(a) Trade, profession, or pplied. particular kind of work SO (b) General nature of Industry 0 business, or establishment in (Buretion) which emplayed (or emplayer) Contributory Secondary 9 BIRTHPLACE (State or country) C e (Buratien) 20 10 NAME OF be = (Signed) WITH pino I 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT et. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME Œ AG 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 Ш 13 BIRTHPLACE In The At pisce of Infor (1) OF MOTHER (State or country) Every item of In should state CA OCCUPATION Where was dieease contracted, if net st piace of deeth?. Former or ueuet reeldence 15 20 UNDERTAKER m

PLACE OF DEATH

ADDRESS

STATE OF MARYLAND

If death occurred in

(Year)

a hospital or institution, give Its NAME instead of street and number. 7

(Day)

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATING Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (roccry; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-BURT

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pncumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar fever (the only definite synonym is "Epidemie cerebroterm for the same disease. Examples: tune and eausation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia, using always the same accepted Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Struck "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease eausing death), 29 ds.; Bronby railway train-accident; Revolver wound Always qualify all diseases resulting from child-The eontributory (secondary or intercur-State cause for which Never report mere

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If the certificate is looked over thoroughly and all ques-

918191170

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

A PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very of information should be carefully supplied. ACE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. AGE should CAUSE OF Important.

1 PLACE OF DEATH  1 PLACE OF DEATH  9459  Village or City Taylore Bland (No ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3  [it dealh occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARNIED, WIDOWED, ORDIVORCES (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191, to June 2, 1914.
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 day,hrs.  ORmin.?	that I last saw hear alive on May all 1913 and that death occurred on the date stated above, at A Part The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos d
10 NAME OF FATHER Richard Tall  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16 Many	(Signed)  *State the DISEASE CAUSING DEAPH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Jay Cor's Island	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DETALLEMENT GENETRY

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Henry Lamelde

ADDRESS

Cois Seld.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia tlme and causation), using always the same accepted "Croup";) 3Typhoid fever (never report "Typhoid brospinai meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Ccrebrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE

> LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the nns," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Bronchopneumonia (secondary), 10 ds. Never report cer" is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (disease causing death), 29 ds.; (Recommendations on statement of For Vio-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Deletter Village or City Lakeswille 2FULL NAME Austhor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  [If deeth occurred in a hospitel or Institution, give its NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Gos Single, Single, Married, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that i last saw halivs on
TAGE  1 If LESS then 1 deyhrs.  ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  Side Just allies of Laturity
(a) Trade, profession, or Cafoeee Gares  (b) General nature of Industry,	die of for with depending
business, or establishment in which employed (or employer)	Contributory Secondary
10 NAME OF FATHER THE PROPERTY OF THE PROPERTY	(Signed) (Duration) yrs max as. (Signed) (Address) (Surface )
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	At place In the ot death
(Intermant) Helliam Phillips (Address) La Resnece	If not at place of death?  Former or usual residence
Filed June 20, 1915 W J laurech	O'afervilla granding
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. North

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industriai employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulfirst line wili be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failurc," "Haemorrhage," "Inanition," "Marasgcnitai," "Senile," ctc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County County County County	Registration Dist. No.
Village or City Cambridge (No. 168)	Leets Ward)  [if death occur a hospital or inst give its NAME of street and nui
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH MML IN
Male Calauls OR DIVORCED My Service the word) My Service the word My Service the Wy Ser	I HEREBY CERTIFY, That I attended deceased  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE  Vers.  (Month)  (Day)  (Year)  Year)  (I LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at.
a) Trade, profession, or particular kind of work  (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	Chin
which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPICE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from Vigi.  CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN SUICIDAL OF HOMICIDAL.
of Mother dend hardy	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At placa In the of daathyrsmosds. State,yrsmos. Where was diseasa contracted,
(Informant) Maly Labert 8  (Address) Canblindge net	If not at place of death?
(Address) Canblis Age not 15 Filed June 16, 1911 - Shirley REGISTRAR	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OUNDERTAKER  ADDRESS  LING H BELLEN COMPANY  AND COM

# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housecian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that faet may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day Laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichormia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely synptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Arthenia," chopneumonia Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinomo, Sorcoma, etc., of..... "Old Age," "Shoek," "Uramia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-Never report mere



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE	E OF DEATH	0	100		STATE OF MA	RYLAND
Stone	heshe	9	462	(1)	CERTIFICATE (	OF DEATH
	man.			10/	Registration Di	st. No.//
Village or City	East hy	nailet (	mbooce		St.;Ward	[If death occurred in a hospital or Institution, give its NAME iostead ot street and number.]
	AL AND STATIST	ICAL PARTICUL	ARS	11	MEDICAL CERTIFICATE O	F DEATH
			0 4	16 DATE OF D		
male	COLOR OR RACE	MARRIED, WIDOWED, ORDIVORCED (Write the WO	rances (	17.	(Month) HEREBY CERTIFY, That	(Day) (Year)
6 DATE OF BIRTH	unkum	unhum	, 1863	aug,	hamalive on Ser	1915.
7 AGE	9.2 yrs.	mos. ds	it LESS than 1 day,hrs. ORmin.?	and that death	occurred on the date stated F DEATH* was as follows:	
(a) Frade, protession, of particular kind of work  (b) General nature of in business, or establishm which employed (or employed (State or country)	dustry, nent in ployer)	4 —		Contributor	(Duration)	y
10 NAME OF FATHER  11 BIRTHPLAC OF FATHEL (State or cou	ntry) Ma	Samp	sone	*State the	(Duration)  (19t %. (Address)  DISBASE CAUSING DEATH, or, or)  (1) MEANS OF INJURY; and	in doaths star Thomas
13 BIRTHPLAC OF MOTHEI (State or cour	Entry) Nu	a. Barn	ett	18 LENGTH OF OR RECENT R At place of death yrs	RESIDENCE (FOR HOSPITALS, ESIDENTS)  in the	
(Informant)	muel	Sarupe	LEDGE	Former or	eath?	
	", 1915 R	marker La Ha	REGISTRAR	19 PLACE OF E N. COM 20 UNDERTAK N. P. C.	h market	June 15°, 1915 - ADDRESS Casth market
II	more blanks are	needed, address	State Registrs	ir, 6 E. Franklin	St., Baito., Requesting V. S. I	io. 1. Just

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losts of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned injury, as fracture of skuli, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29



1 PLACE OF DEATH

Coun	ty Lorchester 9460	STATE OF MA CERTIFICATE O Registration Di	OF DEATH
Villag	ge or City Candadge (No. 254, 1- 2 FULL NAME Darginea E.	St.; Ward)	[If death occurred   a hospital or institution give its NAME Instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE Fer	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month)  17   HEREBY CERTIFY, That   at	(Day), 191 tended deceased fr
6 DA	TE OF BIRTH  (Month) (Day) (Year)	that I last saw h 5 alive on	, 191
7 AG		and that death occurred on the date st	
8 oc (a	CCUPATION ) Trade, profession, or ricular kind of work	Cente Enter Colitis	
/37% (h			
bus Wh	General nature of Industry siness, or establishment in ich employed (or employer)  IRTHPLACE (State-or country)	Contributory Exhaution Secondary	yrs. mos. 4
9 BI	Inthelace (State or equatry)  10 NAME OF FATHER George A. Amille	Contributory Exhaustion Secondary  (Signed) E-EWolff	yrs. mos. 4  L. Keg.
S E I	Siness, or establishment in ich employed (or employer)  IRTHPLACE (State-or equatry)  10 NAME OF FATHER CONTROLL  11 BIRTHPLACE OF FATHER (State or equatry)  12 MAIDEN NAME	Contributory Exhaution Secondary  (Signed) Exhaution	L. Reg.
9 BI	Siness, or establishment in ich employed (or employer)  IRTHPLACE (State-or country)  10 NAME OF, FATHER Ocorge A. Amollo  11 BIRTHPLACE OF FATHER (State or country)	Contributory Exhibition Secondary  (Signed) Exhibition (Signed) Following Contribution  State the Disease Causino Death, of Causes, state (1) Means of Injury; and Suicidal of Homicidal.  16 Length of Residents  of Recent Residents At place to the the of death yrs	Mag.  Mag.  Lon Jge Med.  in deaths from VIOLENT  (2) whether ACCIDENTAL,  INSTITUTIONS, TRANSIE
PARENTS 8	Siness, or establishment in ich employed (or employer)  IRTHPLACE (State or equatry)  10 NAME OF FATHER Corge A. Amathematical State or equatry)  11 BIRTHPLACE OF FATHER (State or equatry)  12 MAIDEN NAME OF MOTHER CORNER OF MOTHER CORNER C	Contributory Exhibition Secondary  (Signed) Exhibition (Signed) Following Contribution  State the Disease Causino Death, of Causes, state (1) Means of Injury; and Suicinal or Homicidal.  16 Length of Residents  At place In the	Meg.  In a last lead of the control
PARENTS 8	Siness, or establishment in ich employed (or employer)  IRTHPLACE (State or equintry)  10 NAME OF FATHER OF FATHER (State or equintry)  11 BIRTHPLACE OF FATHER (State or equintry)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Contributory Exclusion Secondary  (Signed)  (S	Meg.  Meg.  in deaths from Violent (2) whether Accidental,  Institutions, Translet

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Antomobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomolive engineer, For persons who have no occupation whatever, Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "PUERPERAL perilonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"PUERPERAL seplicharmia," "Dropsy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTALLY.S.

V. S. No. 1.

15

3

PHYSICIANS should state of OCGUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS AGE supplied. may be certificate. See instructions on back of WRITE PLAINLY. WITH in plain terms, N. B.—Every Item of Information CAUSE OF DEATH in plai important.

Co	unty Daycheston co	STATE OF MARYLAND CERTIFICATE OF DEATH
VIII	1age or City Bailstoad (No. Mar	Registration Dist. No.  Confundation Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Called Correct Strate,  Will Called Orbivorced Orbivorc	16 DATE OF DEATH (Month) (Day (Year)
8 D	(Month) (Day (Year)	that I last saw h M alive on My 15 , 1915
TAG		and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION  Trade, profession, or ricular kind of work  General nature of industry,	July cont
bus	iness, or establishment in August (or employer)	(Duration) yrs 8 mos ds.
	(State or country) Bick tour no	Contributory Secondary
	10 NAME OF MUSSin Hallis	(Signed) (Si
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SULPPLY OF HONORING
PAR	12 MAIDEN NAME Bluid Starile	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TERRESTORS
	13 BIRTHPLACE OF MOTHER (State or country) Bushtown nd	At place of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	(Informant) Many Janders	Former or usual residence.

UNDERTAKER ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

County Description  County
Village or City  Village or Contributory  Village or City  Village or City
Village or City  Villag
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MARRIED, Surigle Withouse Of Death (Month) (Day) (Year)  MARRIED, Surigle Withouse Of Death (Month) (Day) (Year)  Foundle Ordered (Month) (Day) (Year)  AGE  MEDICAL CERTIFICATE OF DEATH  MARRIED, Surigle Withouse Of Death (Month) (Day) (Year)  (Month) (Day) (Year)  The Rebey Certify, That I attended deceased to the date stated above, at and that death occurred on the date stated above, at the Cause of Death was as follows:  BOCCUPATION (a) ITade, profession, or Darlicular kind of work  OB General nature of industry business, or establishment in Which employed (or employer)  BIRTHPLACE (State or country)  MARYLAND  AND Physical (Duration) O yrs. O mos. Of Contributory  Contributory  MARYLAND  AND Physical (Duration) O yrs. O mos. Of Contributory  Contributory  Maryland  And Colored (Month) (Day) (Year)  (In Day) (Year)  Contributory  Maryland  And Colored (Month) (Day) (Year)  (In Day) (Year)  Contributory  Maryland  And Colored (Month) (Day) (Year)  (In Day) (Year)  Contributory  Maryland  And Colored (Month) (Day) (Year)  (In Day) (Year)  Contributory  Maryland  And Colored (Month) (Day) (Year)  (Month) (Day) (Year)
Sex Color or race Single, Married, Single Married, Single Modered Colored Colored Corporate Colored Co
Shourale Colored Representation of Day (Month) (Day) (Year)  6 DATE OF BIRTH  Abril 9th (Write the word)  7 AGE  1 HEREBY CERTIFY, That I attended deceased for the Lists than a live on the lists than a live on the lists than a live on the cause of the Cause of Death was as follows:  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF  MARKIED. Muggle (Month) (Day) (Year) (Year)  11 HEREBY CERTIFY, That I attended deceased for the lists saw has a live on the list stated above, at the Cause of Death was as follows:  The Cause of Death was as follows:  No Physical Contributory (Duration) O yrs. O mos. Secondary  Contributory  Duration) O yrs. O mos. Secondary  Duration) O yrs. O mos. Secondary  Duration) O yrs. O mos. Secondary
Age    Age
(Month) (Day) (Year)  (All I last saw h alive on 19  and that death occurred on the date stated above, at 19  The CAUSE OF DEATH * was as follows:  (B) General nature of industry business, or establishment in which employed (or employer)  (B) General nature of industry business, or establishment in which employed (or employer)  (B) General nature of industry business, or establishment in which employed (or employer)  (Contributory Secondary (Duration) (Durat
and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:  The CAUSE OF DEAT
1 day, hrs.   The CAUSE OF DEATH * was as follows:    Contributory   Contributo
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF  The CAUSE OF DEATH * was as follows:  Dronchites (Probably Procurum Profession, or Open Chiles)  OR min.?  Dronchites (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Probably Procurum Profession, or Open Chiles)  Or open Chiles (Profession, or Open Chiles)  Or open Chiles (Professio
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF  Contributory  Division (Duration)  Oron Chitics (Probably Cineticular (Duration)  O yrs  O mos  Division  O mos  Division  O mos  O
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME of  Duration)  Which employed (or employer)  Maryland  Duration)  Physical (Duration)  Physical (Duratio
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF  Duration)  O yrs. O mos. O  Contributory  Secondary  Duration)  Yrs. D mos.
9 SIRTHPLACE (State or country)  10 NAME OF
10 NAME OF DURALING TO SUITABLE MOS.
10 NAME OF ()
FATHER Janae Ollles (Signad) Delivora 15. a gui Rui
11 BIRTHPLACE OF FATHER (State or country)  Maryland  Tours, state (Majans of Injury; and (2) whether Accidental
(State or country)  (State
of Mother Auce Cook 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
13 BIRTHPLACE OR RECENT RESIDENTS)
(State or country) . Mary land of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOW FORE If not al place of death?
(informant) Jonas Stille (Charlier) Former or
usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Memia Cha.
111 1 6 1015 a Oduard & Land Villiama, Ald Appress appress
1900
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
more brains are necucus sources brace negrotian, to w. Baratoga Bu, Barton, Requesting v. S. 140. I.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loccengincer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of easise of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; eause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maruscongh; Chronic volvular heart disease; Chronic interstitial Struck by roilway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpenal septichaemia," cte., when a definite disease can be ascertained as the "Anaemia" (increly symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephritis, etc. The contributory (secondary or intercur-"PUERPERAL perilonilis," etc. "Anaemia" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull, State cause for which Never report mere (Recommendations "Atrophy," "Col-



#### MARGIN

V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD DEATH in plain terms, so that it m See instructions on back of certificate. N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s important. 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	nlenous White Widowed, Surge or opposite the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
6 D	ATE OF BIRTH	
7 A (	(Month) (Day (Year)  (Year)  (If LESS than 1 day,hrs.  OR. Omin.?	that I last saw halive on
	CCUPATION	suu von
	) Trade, profession, or ricular kind of work.	
(b) bus	General nature of Industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
9 B	RTHPLACE	Gontributory Secondary
	(State or country)	1,11
TS	10 NAME OF EARL Stoker  11 BIRTHPLACE OF FATHER  17 BIRTHPLACE OF FATHER	(Signed) A C Storius , M. D
ARENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos. ds. State yrs, mos. ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Interment) Carl & Colier	If not at place of death?————————————————————————————————————
	(Address) Wrights mes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	A	20 UNDERTAKER ADDRESS
	REGISTRAR	none

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all earlies to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Wcakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic); "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ample: affection need not be stated unless important. The contributory (secondary or lutercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

No.

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pinous PHYSICIANS should of OCCUPATION RECORD Exact statement PERMANENT EXACTLY. stated classified. 4 pe 12 should UNFADING INK-THIS properly AGE supplied. certificate. carefully that 80 90 WITH pg on back plain terms, should WRITE PLAINTY, See Instructions Information DEATH In 50 Item OF important. Every It

state Very 100

County-

3 SEX

TAGE

S

ARENT

15

Village or City

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in which employed (or employer)

STATE OF MARYLAND 1 PLACE OF DEATH 9460 CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No./10 St.: -Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

(Year)

If LESS than

1 day .....hrs.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE,

MARRIEO, WIDOWED,

ORDIVORCED (Write the word)

(Day

mos.....ds.

16 DATE OF DEATH	6	29	, 191 S
DADDOOM AND TOO MAD TO	(Month)	(Day	(Year)
17 I HEREI	SY CERTIFY, That	I attended de	ceased from
12/20	191 4, to 6	129	191.5
that I last saw hatin	alive on 5/	5	, 191.
and that death occurred			8 P
The CAUSE OF DEATH			
7	abercul	org.	
	***************************************		
	~~~~	************	
. 4 • 4 4 • • • • • • • • • • • • • • •			
	(Duraties)	/ ***	maa 4
	(Duration)	yrs	mus
Contributory	non		
Secondary			
	(Duration)	YES	mos de
010			
(Signed)	oger me	yero	, M. (
430 ,1915	71	0 : 0	- Se.
9 50 , 1913	(Address)	acce	Cold Million
State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOR	CAUSING DEATH, CEANS OF INJURY;	or, in deaths fi and (2) wheti	rom VIOLEN
18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	s. INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS	)		2
At place	. In the		3000
of death yrs mo		yrs,	mos d
Where was disease contracted if not at piace of death?			
Former or			
usual residence			
		1	
19 PLAGE OF BURIAL	OR REMOVAL	DATE OF	
mahungton Cen	retiry	June 30	, 191 &
20 UNDERTAKER	7	1./	/
UNDERTAKER	201	ADDRESS	//

Hurlock great REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

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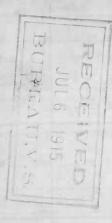
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-As examples: For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH

Villag	ge or City Carulin der B. F. D. Easlern (No. Vy	Ward)  [If death occurred a hospital or instituting give its NAME inship of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale Volor or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yo
	TE OF BIRTH  White Month (Day) (Year)	that I last saw here alive on 2 1915 1915 1915 1915 1915 1915 1915 19
8 00	bout 40 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 4
par (b) bus whi	General nature of Industry iness, or establishment in ch empioyed (er empleyer)  RTHPLACE (State or country)	Contributory Justicity.
	10 NAME OF FATHER TUKENON	(Signed) D. 7, Nolon yrs mos
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)  WKKNAM	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmos Where was disease contracted.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by curbolic acid-probably SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anaemia" (merely synptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic vulvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; hirth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which "Heart failure," "Hemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronucphritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere ACCIDENTAL, wound of

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should be

AGE

carefully supplied.

See instructions on back of certificate.

-Every item of information should be CAUSE OF DEATH in piain terms, s

N. B.

important.

RECORD .

A PERMANENT stated EXACTLY.

V. S. No. 1.

1 PLACE OF DEATH

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[If death occurred is a hospital or institution, give Its NAME Instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, Married, Widower, Words	DATE OF DEATH fune 2 , 1918 (Month) (Day (Year)
DATE OF BIRTH  Dec. 18 1940  (Month) (Day (Year)	that I last saw h 17 alive on Jan 2, 1917.
7 AGE  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4,300 m.  The CAUSE OF DEATH* was as follows:  Messhorthy
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	/ M6
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Maryland**	Contributory Secondary
10 NAME OF Phorhas Barnett	(Signed) form Mose M. D. June 32, 1915 (Address) Couludy
OF FATHER (State or country) Mary land  12 MAIDEN NAME OF MOTHER Eliza Pitts	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place  At place  of deathyrs,mosds  Where was disease contracted,  If not at place of death?
(Informant) Mrs Sadie Harber	Former or usoal residence.
Filed 3, 1912 - Elloff M. D. REGISTRAR	Lambridge and June 4. 1915.  20 UNDERTAKERY  To Me, Mellis Y Bre. Combidge med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Thysician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerreral peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerpenal septichacnant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from

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STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS Show Registration Dist. No.: Ilf death occurred to ....Ward) a hospital or institution, RECORD give its NAME instead of streef and nomber.] MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 4 COLOR OR RACE SCINCIF 16 DATE OF DEATH MARRIED. WIDOWED, widen BINDING (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. was as follows: OR ..... min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work ERVE (b) General nature of industry. business, or establishment in may which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary Ш 0 10 NAME OF FATHER (Signed) 0 ō MARGIN PARENTS 11 BIRTHPLACE ., 191 .... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIOAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions plai Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 5 13 BIRTHPLACE Af place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_ (State or country) \_ ds. State DEATH Where was disease contracted. See If not af place of death? of Former or OF usual residence mportant. ш REMOVAL DATE OF BURIAL Every (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin

genital," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and quality as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

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<b>.</b>	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	K-THIS IS	AGE should b
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1 PLACE OF DEATH

#### STATE OF MARYLANI CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL GERTIFICATE OF DEATH  ACCOLOR OR RACE  MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED  Write the word)  PAGE  It LESS than that I list saw h alive on 1  TAGE  PAGE  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL GERTIFICATE OF DEATH  MONTH  MEDICAL GERTIFICATE OF DEATH  MONTH  MONTH  MONTH  MONTH  MEDICAL GERTIFICATE	CERTIFICATE OF DEATH Registration Dist. No. 119
3 SEX 4 COLOR OR RACE MARRIED, WISOWED, ORDIVORCED (Write the word)  10 DATE OF BIRTH  11 DATE OF DEATH  12 I HEREBY CERTIFY. That I attended decessed  13 I HEREBY CERTIFY. That I attended decessed  14 LESS than that I list saw h alive on 1  TAGE  15 DATE OF DEATH  17 I HEREBY CERTIFY. That I attended decessed  18 DATE OF DEATH  19 III LESS than that I list saw h alive on 1  The CAUSE OF DEATH was as follows:  Bullet wound in the right went.	give its NAME instead
Marter word (Month) (Day (Y)  Tage    Tage	ARS MEDICAL CERTIFICATE OF DEATH
TAGE    Some part of Birth   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   191   1	(Month) (Day (Year)
TAGE    It LESS than t day,hrs. or min.?   Successful of the day as a follows:	
(a) Trade, protession, or 7/1 P. A. Least due to a fitte field	it LESS than t day,hrs.  The CAUSE OF DEATH * was as follows:
particular kind of work Access Valles (b) General nature of Industry, business, or establishment in which employed (or employer)  (Duration)  which employed (or employer)	Question) yrs mos ds.
Dorchester loo, his (Doration) yrs mos.  10 NAME OF FATHER School & Wheatley (Signed) Pt 10 Rivers  (Signed) Pt 10 Rivers	(Signed) Ptt Sauces, M. D.
of Mother Thank of Homestals, Institutions, Trans	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country) Do electe les had  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  10 THE ABOVE IS TRUE TO THE BEST O	At place In the ot death
( ) . ( ) . ( )	Usual residence.  19 PLACE OF BURIAL OR REMOVAL  BIShops Head, 0 June 8, 1915.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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#### STATE OF MARYLAND CERTIFICATE OF DEATH



Registration Dist. No....

St.; Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

*State the DISEASE C CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.  **State the DISEASE C CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.  **B LENGTH OF RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE of death	(FOR HOSPIT days,	ALS, INSTIT	utions, Tr	ANSIENTS, dsds.
*State the DISEASE C. CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS). At place of death	(FOR HOSPIT	athe State.	utions, Tr	ANSIENTS,
*State the DISEASE C. CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS). At place of death	OF INJURY;	ALS, INSTIT	utions, Tr	ENTAL,
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*State the DISEASE C CAUSES, State (1) MEANS SUICIDAL OF HOSICIDAL. B LENGTH OF RESIDENCE OR RECENT RESIDENTS).	OF INJURY;	ALS, INSTIT	ether Accid	ENTAL,
*State the DISEASE C CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.	OF INJURY;	and (2) who	ether Accid	ENTAL,
*State the DISEASE C CAUSES, state (1) MEANS	AUSINO DEATH	and (2) who	the from V.	OLENT ENTAL,
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomoline engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," surgical operation was undertaken. For violent deaths "Puehperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicha mia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. "Tumor" for malignant neoplasms); Measles, Wheoping by railway train-occident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" ("Con-"Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



vi

1 PLACE OF DEATH

HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. 112. If death occurred in .....Ward) a hospital or institution, give IIs NAME Instead Months of street and number. 1 PERSONAL AND STATISTICAL 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) it may k 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR min.? Still-Born 8 OCCUPATION
(a) Trade, profession, or uo Suo particular kind of work. (b) General nature of Industry sician instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) plai 10 NAME OF FATHER (Signed) ition should I OF DEATH is important. PARENTS 11 BIRTHPLACE OF FATHER (State or country) Local \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE At place to tha OF MOTHER (State or country) S .....yrs. ......mos. .....ds. Stete, .......yrs. ......mos. .......ds. Every item of instance of should state CAL Whara was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?... Former or Father Wesley Young usuai rasidenca Vienna.Md (Address) ... 20 UNDERTAKER ADDRESS 0 Enoch Wesley Vienna, Md. REGISTRAR oung ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever But in many cases, If retired from

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on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness." cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, (secondary), 10 ds. Never The contributory (secondary or intercur-"Dropsy," State cause for which "Exhaustion," report mere

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BUREAU, V.S.